PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/538,150			ing Date 08/2005	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN	
FOR NUMBER FILED					NUMBER EXTRA			RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
×	BASIC FEE (37 CFR 1.16(a), (b), (c)	_	N/A		N/A		ı	N/A	TLE (0)	1	N/A	300	
	SEARCH FEE (37 CFR 1.16(k), (i), (ii)		N/A		N/A		ı	N/A		1	N/A		
	EXAMINATION FE (37 CFR 1.16(a), (p), (Ε	N/A		N/A		ı	N/A		1	N/A		
	TAL CLAIMS CFR 1.16(i))		21 minus 20 =		• 1		1	x \$ =		OR	X \$50 =	50	
INE (37	DEPENDENT CLAIM CFR 1.16(h))	IS	2 minus 3 =		• 0			x \$ =		1	X \$200 =	0	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and dra sheets of paper, the applic is \$250 (\$125 for small ent additional 50 sheets or frai 35 U.S.C. 41(a)(1)(G) and			ication size fee due ntity) for each action thereof. See							
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									J			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.]	TOTAL	350	
	APPI	OED – P	_	OTHER THAN SMALL ENTITY OR SMALL ENTITY									
AMENDMENT	01/17/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1 180))	• 21	Minus	·· 21		= 0	l	x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	• 2	Minus	***3		= 0	l	x \$ =		OR	X \$210=	0	
	Application Size Fee (37 CFR 1.16(s))												
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
L		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Z	Total (37 CFR 1,16())		Minus				l	x \$ =		OR	x \$ =		
AMENDMENT	Independent (37 CFR 1,16(h))		Minus	***		-	1	x \$ =		OR	x \$ =		
ä	Application Size Fee (37 CFR 1.16(s))]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						1			OR			
										OR	TOTAL ADD'L FEE		
** 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". **The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

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